MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
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11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22						
23						
24						
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26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36						
37						
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41						
42						
43						
44						
45						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56	1					
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96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	61					
TOTAL CLAIMS	65					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS